Division of TennCare

Health Care Innovation Initiative

Executive Summary

Non-Operative Knee Injury Episode

Corresponds with DBR and Configuration file V3.0

Updated: January 2, 2020

OVERVIEW OF A NON-OPERATIVE KNEE INJURY EPISODE

The non-operative knee injury episode revolves around patients who are diagnosed with a non-operative knee injury, including sprains, strains, fractures, tendonitis, synovitis, bursitis, dislocations, and tears. The trigger event is an office, outpatient hospital, or emergency department (ED) visit where the primary diagnosis indicates a non-operative knee injury. In addition, a visit where the primary diagnosis is pain along with a secondary diagnosis code from among the non-operative knee injury diagnosis codes is also a potential trigger event.

All related care – such as imaging and testing, surgical and medical procedures, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the clinician or group who diagnoses the non-operative knee injury. The non-operative knee injury episode begins on the day of the triggering visit and ends 30 days after the end of the trigger event.

CAPTURING SOURCES OF VALUE

In treating patients diagnosed with a non-operative knee injury, providers have several opportunities to improve the quality and cost of care. Important sources of value include appropriate use of laboratory testing and imaging, and proper decision-making in patient triage, including performing indicated procedures in the office setting whenever possible. Other sources of value include following evidence-based guidelines for prescribing medication, immobilization, and choosing the appropriate treatment for the injury. Additionally, providers may increase efficiency and improve clinical outcomes through timely follow-up care, which in certain circumstances, may be a phone call or other telemedicine follow-up.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at

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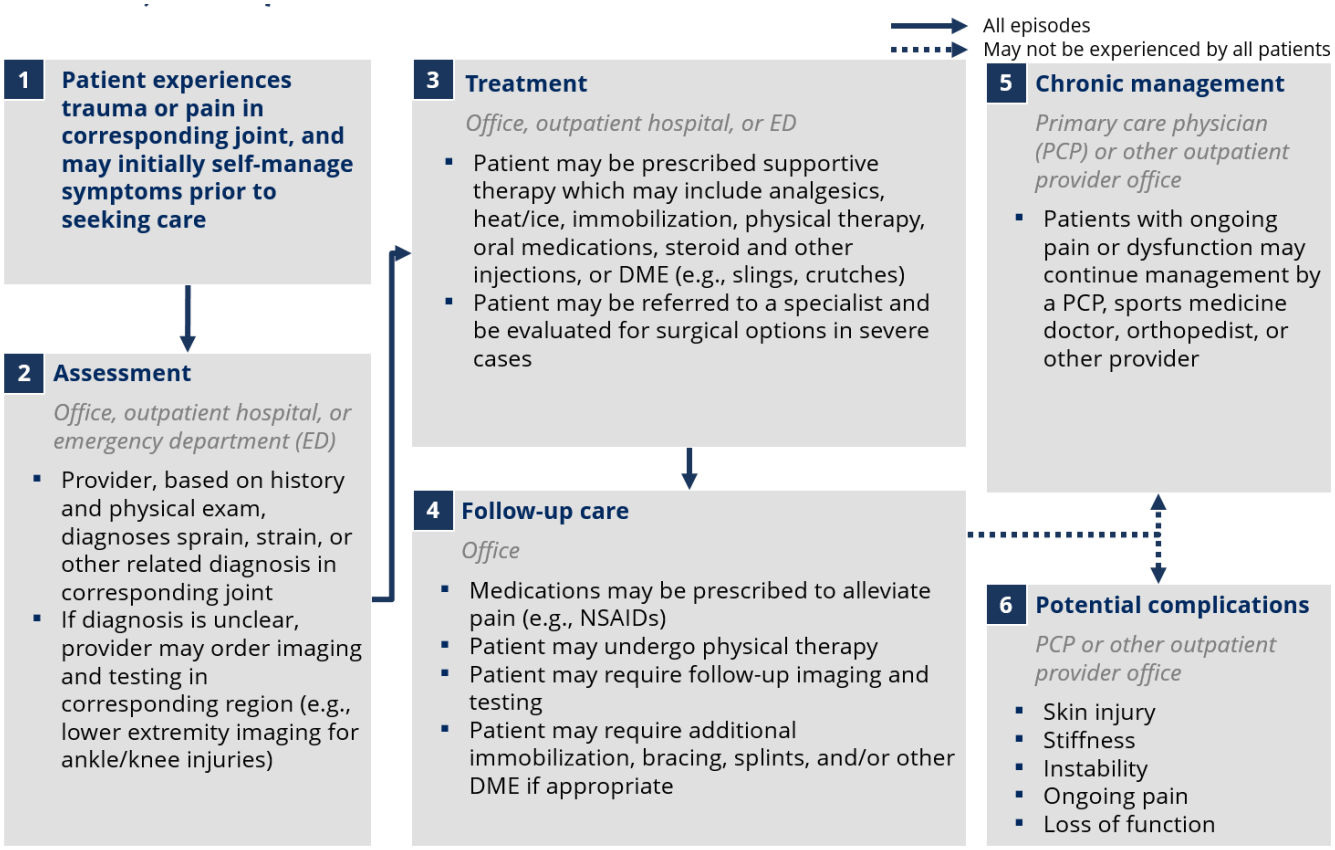
https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.

Illustrative Patient Journey



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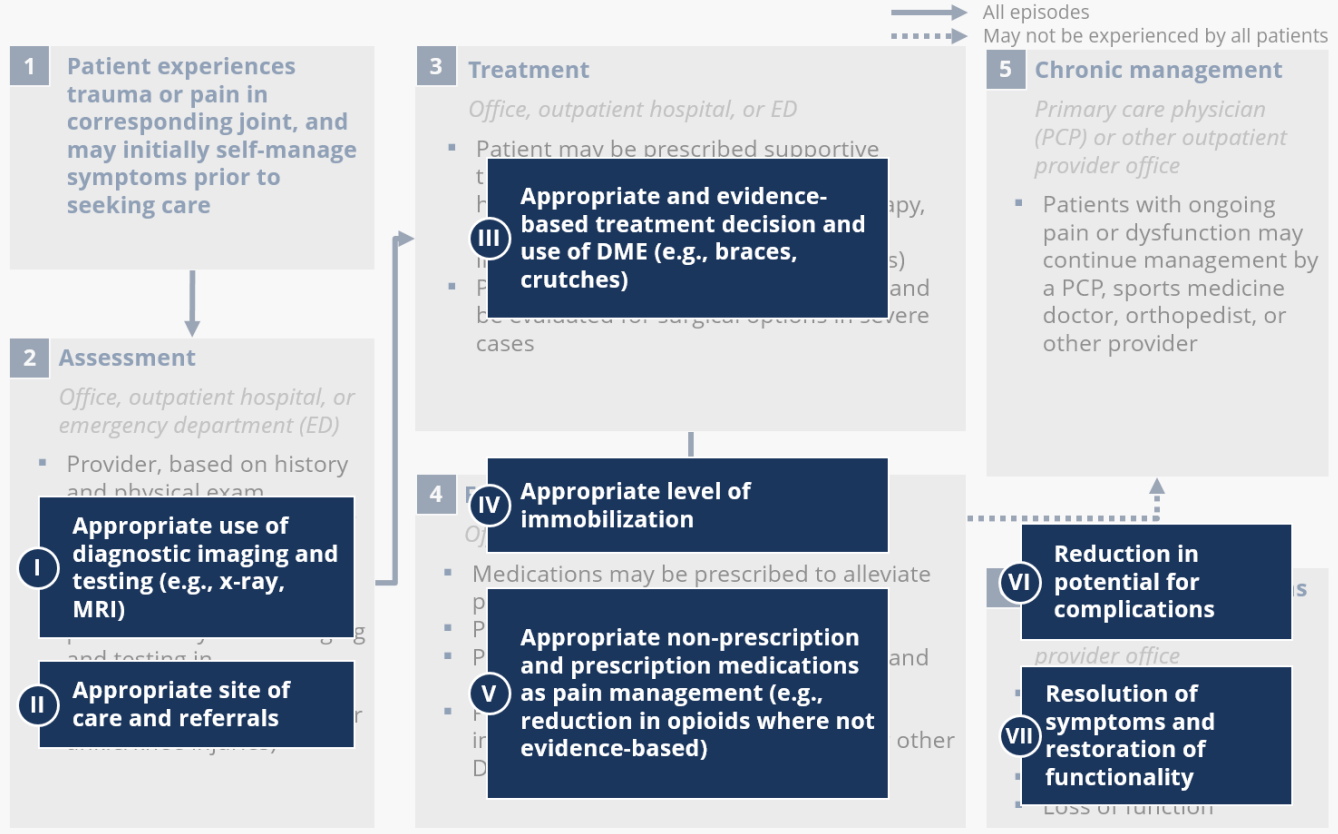
Potential Sources of Value



ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the non-operative knee injury episode, the quarterback is the clinician or group that diagnosed the non-operative knee injury. The contracting entity or tax identification number of the professional trigger claim will be used to identify the quarterback.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the non-operative knee injury in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The non-operative knee injury episode has no pre-trigger window. During the trigger and post-trigger windows, care for specific diagnoses, related evaluation and management visits, specific imaging and testing, specific medications, and specific surgical and medical procedures are included.

Some exclusions apply to any type of episode, i.e., are not specific to a non-operative knee injury episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Examples of exclusion criteria specific to the non-operative knee injury episode include patients receiving treatment in inpatient or observation settings during the trigger window or patients receiving operative treatment (e.g., knee arthroscopy). These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to lead to the risk adjustment of non-operative knee injury episodes include anxiety, depression, or tobacco use. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must

meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metrics linked to gain sharing for the non-operative knee injury episode are:

- **Difference in Average MED[1]/day**: Average difference in morphine equivalent dose (MED)/day during the episode opioid window and the pre-trigger opioid window, across valid episodes (lower value indicative of better performance)

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Average MED/day during the pre-trigger opioid window**: Average morphine equivalent dose (MED)/day during the 1-60 days prior to the trigger window (lower value indicative of better performance)
- **Average MED/day during the episode opioid window**: Average morphine equivalent dose (MED)/day during the episode opioid window (lower value indicative of better performance)
- **X-ray imaging for sprain/strain episodes**: Of the valid episodes with a diagnosis of sprain or strain, the percentage of which had x-ray imaging during the episode window (lower rate indicative of better performance)
- **Incremental imaging**: Of the valid episodes with an MRI, the percentage of which had x-ray or ultrasound imaging up to 60 days prior to the MRI (higher rate indicative of better performance)
- **ED visit after initial diagnosis**: Percentage of valid episodes with an ED visit during the post-trigger window (lower rate indicative of better performance)
- **Opioid and benzodiazepine prescriptions**: Percentage of valid episodes with both an opioid prescription and a benzodiazepine prescription filled

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[1] MED: morphine equivalent dose

during the episode trigger and post-trigger window (lower rate indicative of better performance)

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.